

TESTIMONY OF ALFRED F. DELLA VALLE
BEFORE THE HUMAN SERVICES COMMITTEE OF THE
GENERAL ASSEMBLY
In Opposition to

HB 6412
Stretcher Van Program

February 19, 2013

Good Morning, my name is Alfred F. Della Valle. I am Vice President of American Medical Response of Connecticut and reside at 43 Oakwood Drive, North Haven, Connecticut. I have been employed by AMR and its predecessor company, New Haven Ambulance Service since 1976. I would like to thank the Human Services Committee for the opportunity to submit this testimony today in order to voice my opposition against H.B. 6412, Stretcher Van Program.

The proposed adoption of a stretcher van service for Medicaid patients is not in the best interest of patient care and subjects patients to unnecessary risks by downgrading the transportation arrangements for bed-bound persons..

Currently the use of stretcher vans does not exist in the State of Connecticut. There are no ambulance providers in Connecticut that offer this mode of transportation. In fact, the state of Connecticut has passed legislation that any patient transported on a stretcher must be transported in a licensed or certified ambulance. No other types of services can provide stretcher transportation in the State of Connecticut. The law now in place was adopted to enhance patient safety, eliminate any stretcher transportation by any service that is not licensed or certified as an ambulance provider, and to ensure that transportation for disabled persons does not become a victim of financial incentives which are not in the best interest of the patient's health and well being. I am amazed to see this proposal year after year when it is presented and dismissed due to the inherent dangers entailed year after year. The bill also should be rejected because it would affect the repeal of a measure that was approved to protect the sanctity of patient care by transporting stretcher bound patients only in an ambulance. While stretcher van programs exist in some states, we in Connecticut have an EMS system whose fiscal structure is jeopardized by laws of this sort that do not consider the consequences to the financial viability of the system or what the change in service level truly entails..

Just imagine, discharging a stretcher patient in a van, with no medical equipment, no trained medical technician in the patient compartment and to my knowledge, a driver with no medical training to access or administer to the needs of the patient during transport. This mode of transportation for any patient confined to a bed, certainly subjects the patient to a high degree of risk and humiliation. Providing non-emergency medical transportation with no medical oversight or ability to intervene and administer aid to a bed confined patient? Who assumes this liability? Does the hospital discharging the patient? Does the transportation provider? I shudder to think of the consequences. Taking into consideration

the cost and the fact that Medicaid already reimburses providers well below cost, it does not make financial sense thus putting the system in jeopardy at the outset. To my knowledge no ambulance provider in the State of Connecticut has even been contacted by the State for the purposes of information gathering, impact analysis, advice or consultation of any such program or the impact on the overall delivery of ambulance services emergency or non-emergency.

The American Ambulance Association (AAA), our national trade association does not support the usage of stretcher vans stating, "Stretcher Chair Car service is not in the best interest of patients being transported as it puts patients at risk when not transported not staffed or equipped to meet their medical needs." The AAA believes that every patient who needs to be in a stretcher during transport must have a medically trained EMT to attend to his or her medical health and safety needs. It is a misguided public policy to blur the distinction between medical care provided by ambulance services and transportation for patients in non-medically equipped and staffed vehicles. Further, Medicare does not cover stretcher van transportation services as it does not have an established rate for such.

We are again not supportive of any measures that eliminate or reduce the provisions of health care services especially when they require ambulance and invalid coach transportation services. While the attempt to reduce the current state budget deficit is admirable, sacrificing patient care and putting these patients at risk is not.

In conclusion, the EMS system in Connecticut works. The delivery of care both on an emergency basis and non-emergency basis is a result of years of planning, mutual cooperation, and commitment. The proposed radical change in the delivery of care is not in the best interest of the system as a whole; and not in the best interest of patient care especially for those who currently receive Medicaid benefits.

I would urge reconsideration of Bill 6412 in reference to the stretcher van provisions and would urge any and all opposition to this program.